

Medicaid Codes and Birth to 3 Rates as of July 1, 2014 (revised 7/1/2014)

This chart is not all inclusive. Please consult the South Dakota Medical Services website at
<http://dss.sd.gov/sdmedx/includes/providers/feeschedules/dss/index.aspx>
for a complete list.

Important! When billing Medicaid, Providers should bill their usual and customary rate or the rate listed from the above website. Services billed to Birth to 3 should use the rates as listed below, with the exception of school districts.

School Districts which have established negotiated rates with Medicaid must bill using those rates and the corresponding procedure codes as listed in the South Dakota Medical Assistance Guide, Chapter XII, Appendix A, for both Medicaid eligible and non-Medicaid Birth to 3 children.

OCCUPATIONAL THERAPY & PHYSICAL THERAPY

See ARSD 24:14:08:11 & 12 for complete definition.

Procedure Code	Code Description	Birth to 3 Rates	
		Ending June 30, 2014	Beginning July 1, 2014
97001	PT evaluation per event	37.45	38.57
97002	PT re-evaluation per event	30.17	31.08
97003	OT evaluation per event	33.60	34.61
97004	OT re-evaluation per event	26.10	26.88
97110	Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. Therapeutic exercises in one or more areas, to develop strength and endurance, range of motion and flexibility; each 15 minutes;	14.26	14.69
97112	Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities; each 15 minutes.	14.26	14.69
97113	Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. Aquatic therapy with therapeutic exercises; each 15 minutes.	14.26	14.69
97116	Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. Gait training (includes stair climbing); each 15 minutes.	14.26	14.69
97124	Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. Massage, including effleurage, petrissage, and/or tapotement (stroking, compression, percussion); each 15 minutes	11.72	12.07
97140	Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more	14.26	14.69

	regions; each 15 minutes.		
97530	Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. Use of dynamic activities to improve functional performance); each 15 minutes.	14.26	14.69
97533	Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; each 15 minutes.	14.26	14.69
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes. Requires direct one-on-one patient contact.	14.26	14.69
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes.	14.26	14.69
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes.	30.38	31.29

ASSISTIVE TECHNOLOGY

See ARSD 24:14:08:07 for complete definition.

Procedure Code	Code Description	Medicaid Rate	
ARSD 24:14:04:12 Payment for provision of early intervention services.	Assistive Technology service and device. This can be submitted to Medicaid and depending on their funding decision, B-3 will pay but at the typical Medicaid reimbursement rate. This is a case by case situation.	Usual and customary charge or Medicaid rate if appropriate	
29125	Application of short arm splint	56.27	57.96
29200	Strapping of chest	28.29	29.14
29799	Strapping of lower back	Usual and customary charge or Medicaid rate if appropriate	
29515	Application of lower leg splint	57.05	58.76
29000 – 29750	There are many more codes in this service category that apply to splints and casting of various extremities.		
	Check with Medical Services 773-3495 regarding possible codes for orthotic devices such as AFO's, SMO's, FO's, etc		

SPEECH THERAPY

See ARSD 24:14:08:16 for complete definition.

Procedure Code	Code Description	Medicaid Rate	
92523	This code is used to report evaluation of speech production, receptive language, and expressive language abilities. Tests may examine speech sound production, articulatory movements of oral musculature, the patient's ability to understand the meaning and intent of written and verbal expressions, and the appropriate formulation and utterance of expressive thought. Evaluation of speech, language, voice, communication, and/or auditory processing disorder. Per event.	127.46	131.28

Payment for re-evaluation for speech therapy	Re-evaluation of speech production, receptive language, and expressive language abilities. Tests may re-examine speech sound production, articulatory movements of oral musculature, the patient's ability to understand the meaning and intent of written and verbal expressions, and the appropriate formulation and utterance of expressive thought. Re-evaluation of speech, language, voice, communication, and/or auditory processing disorder. Per event.	101.34	104.38
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual 15 minutes.	12.51	12.89
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals.	8.19	8.44
92526	Treatment of swallowing dysfunction and/or oral function for feeding per event.	65.00	66.95
FAMILY TRAINING, COUNSELING & HOME VISITS			
See ARSD 24:14:08:07 for complete definition.			
Procedure code	Code Description	Birth to 3 Rate	
*ARSD 24:14:04:12	Family training, counseling, and home visits (per 15 min) – unless medical in nature and provided by a qualified mental health professional. In those cases the Medicaid rate applies.	12.42	12.42
HEALTH SERVICES			
See ARSD 24:14:08:20 for complete definition.			
Procedure code	Code Description	Birth to 3 Rate	
*ARSD 24:14:04:12	Health services (per 15 min) – unless provided by a Home Health Agency. In those cases the Medicaid rate applies.	12.07	12.07
NUTRITION SERVICES			
See ARSD 24:14:08:10 for complete definition.			
Procedure code	Code Description	Birth to 3 Rate	
*ARSD 24:14:04:12	Nutrition services (per 15 min)	12.78	12.78
SOCIAL WORK SERVICES			
See ARSD 24:14:08:14 for complete definition.			
Procedure code	Code Description	Birth to 3 Rate	
*ARSD 24:14:04:12	Social work services (per 15 min) – unless provided by a Home Health Agency. In those cases the Medicaid rate applies.	12.42	12.42
BIRTH TO 3 SERVICES NOT BILLABLE TO MEDICAID			
Procedure code	Code Description	Birth to 3 Rate	
*ARSD 24:14:04:12	Special Instruction (per 15 min) See ARSD 24:14:08:15 for complete definition.	8.00	8.00
*ARSD 24:14:04:12	Service Coordination (per 15 min) See ARSD 24:14:08:06 & 24:14:09 for complete description.	8.00	8.00

* Payment for provision of early intervention services.